

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034849

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 78

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		Length of stay in 1b 3 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 219 Atlantic		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARY ETTA VAUGHAN		4. DATE OF DEATH Month Day Year Aug. 21, 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 2, 1890
9. AGE (last birthday) 73		10. IF UNDER 1 YEAR Months 7 Days 19	
11. BIRTHPLACE (City and state or country) Pleasant Hill, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Will Dyke		13b. MOTHER'S MAIDEN NAME Mary Gillette	
14. NAME OF HUSBAND OR WIFE Claude Vaughan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No none	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Address 1 A Claude Vaughan Branson, Mo	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis - Arteriosclerosis.</i> DUE TO (b) <i>Arteriosclerosis.</i> DUE TO (c) <i>Arteriosclerosis.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Branson, Mo		COUNTY STATE	
21. I attended the deceased from 11/1/60 to 8/21/63 and last saw her alive on 8/21/63 Death occurred at 8:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Ray Silliman M.D.	
22b. ADDRESS Branson, Mo		22c. DATE SIGNED 8/23/63	
23a. BURIAL, CREATION, REMOVAL (Specify) burial		23b. DATE 8/24/1963	
23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Cemetery		23d. LOCATION (City, town, or county) Branson, Mo	
24. FUNERAL DIRECTOR Walter Cobb		25. DATE RECD. BY LOCAL REG. 8/27/63	
26. REGISTRAR'S SIGNATURE Robert Campbell			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1/060

2/060

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9420.1

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SEP 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Blairwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.